U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



1. File Number U - 8449

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization. |  |  |  |
|--|--|--|--|--|
| Name Paul Truffer  | Name TAFF T-25   |  |  |  |
|  | Labor Organization File Number 514-056                   |  |  |  |
| P.O. Box, Bidg., Room No., if any  | P.O. Box, Building and Room Number, if any               |  |  |  |
| Street 44815 N. Beech  | 44815 N. Beech   |  |  |  |
| 1 2 2 2 2  | Street   |  |  |  |
| city Lancaster,  | City   |  |  |  |
| State CA. ZIP Code + 4 9 3 5 3 4   | State ZIP Code + 4                                       |  |  |  |
| 5. Position in labor organization.  Shop Steward-C   |  |  |  |  |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):   |  |  |  |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.   |  |  |  |  |
| 6. Name and address of Employer (including trade name, if any).  | 7.a. Nature of Interest, Transaction, or Income.         |  |  |  |
| Name Pytanid Services  |  |  |  |  |
| Trade Name, if any:  |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |  |  |
| Street 2501 E. Ave. P  | 7.b. Amount.   |  |  |  |
| Paindale   |  |  |  |  |
| City Cal.  |  |  |  |  |
| State ZIP Code + 4 93550   |  |  |  |  |
| Signature  |  |  |  |  |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |  |  |  |  |
| Signed Fall Frallon  | on 8-6-05 661-272-6636                                   |  |  |  |
|  | Date Telephone Number                                    |  |  |  |
| Form I M 30 (2003)   |  |  |  |  |

| Name of Person Filing | Paul | troll | er | File Number U- |
|-----------------------|------|-------|----|----------------|
|                       |      |       |    |                |

| B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |  |  |  |
|---|---|--|--|--|
| 8. Name and address of Business (including trade name, if any).   | 9. Business deals with:                             |  |  |  |
| Name  |   |  |  |  |
| Trade Name, if any:   | a. Labor Organization                               |  |  |  |
| P.O. Box, Bldg., Room No., if any   | b. Trust  |  |  |  |
| Street  | c. Employer   |  |  |  |
| City  |   |  |  |  |
| State ZIP Code + 4  |   |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                       |  |  |  |
| Name  |   |  |  |  |
| Trade Name. If any:   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |   |  |  |  |
| Street  | 11.b. Approximate dollar value of such dealing.     |  |  |  |
| City  | 12.a. Nature of interest held or income received.   |  |  |  |
| State ZIP Code + 4  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   | 12.b. Amount.                                       |  |  |  |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone   | der parts A and B above)                            |  |  |  |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  | der parts A and B above)                            |  |  |  |
| or from any labor relations consultant to an employer any payment of mone   | der parts A and B above) y or other thing of value. |  |  |  |
| or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | der parts A and B above) y or other thing of value. |  |  |  |
| or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name   | der parts A and B above) y or other thing of value. |  |  |  |
| or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name if any:   | der parts A and B above) y or other thing of value. |  |  |  |

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

State